



# Matthews Police Advisory Committee Application



## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First Middle*

Home Address: \_\_\_\_\_  
*Street Address Apartment/Unit#*

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone: \_\_\_\_\_  
*Home Cell*

Email: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Spouse Information

Full Name: \_\_\_\_\_  
*Last First Middle*

Race: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Employer: \_\_\_\_\_  
*Company/Organization Name Street Address Apartment/Unit#*

Start Date: \_\_\_\_\_ Current Position/Title: \_\_\_\_\_  
*City State Zip Code*

## Applicant's Employment History

*(Last Ten Years) (Attach Additional Documents if Needed)*

Start Date: \_\_\_\_\_ Separation Date: \_\_\_\_\_ Reason for Separation: \_\_\_\_\_

Current Employer: \_\_\_\_\_  
*Company/Organization Name Street Address Apartment/Unit#*

Phone: \_\_\_\_\_  
*City State Zip Code*

Current Position/Title: \_\_\_\_\_ Years in Position: \_\_\_\_\_

Start Date: \_\_\_\_\_ Separation Date: \_\_\_\_\_ Reason for Separation: \_\_\_\_\_

Current Employer: \_\_\_\_\_  
*Company/Organization Name Street Address Apartment/Unit#*

Phone: \_\_\_\_\_  
*City State Zip Code*

Current Position/Title: \_\_\_\_\_ Years in Position: \_\_\_\_\_

Have you ever been fired or asked to leave a position? ☐ Yes ☐ No

If so, please provide details: \_\_\_\_\_

### Applicant's Criminal History

Have you ever been convicted of a crime? ☐ Yes ☐ No

If you answered yes, please provide the below details:

Criminal Charge: \_\_\_\_\_ Jurisdiction of Conviction: \_\_\_\_\_  
County State

Date of Conviction: \_\_\_\_\_ Sentence Imposed from Conviction: \_\_\_\_\_

---

Criminal Charge: \_\_\_\_\_ Jurisdiction of Conviction: \_\_\_\_\_  
County State

Date of Conviction: \_\_\_\_\_ Sentence Imposed from Conviction: \_\_\_\_\_

### Applicant's Committee/Board Experience

Have you ever served on a committee or board? ☐ Yes ☐ No

If you answered yes, please provide the below details:

Name of Committee/Board: \_\_\_\_\_ City, State \_\_\_\_\_ Dates Served: \_\_\_\_\_ to \_\_\_\_\_

Name of Committee/Board: \_\_\_\_\_ City, State \_\_\_\_\_ Dates Served: \_\_\_\_\_ to \_\_\_\_\_

Name of Committee/Board: \_\_\_\_\_ City, State \_\_\_\_\_ Dates Served: \_\_\_\_\_ to \_\_\_\_\_

### Applicant's References

*(Please provide three (3) professional references)*

Name: \_\_\_\_\_  
Street Address Apartment/Unit#

Phone: \_\_\_\_\_  
City State Zip Code

Email: \_\_\_\_\_ How long have you known them? \_\_\_\_\_

---

Name: \_\_\_\_\_  
Street Address Apartment/Unit#

Phone: \_\_\_\_\_  
City State Zip Code

Email: \_\_\_\_\_ How long have you known them? \_\_\_\_\_

---

Name: \_\_\_\_\_  
Street Address Apartment/Unit#

Phone: \_\_\_\_\_  
City State Zip Code

Email: \_\_\_\_\_ How long have you known them? \_\_\_\_\_

## Other Questions

Why are you interested in serving on this committee? \_\_\_\_\_

---

---

---

What skills or experience do you possess that would benefit our agency and the Matthews community as a whole by you serving on this committee?

---

---

---

---

Why do think it is important to have a committee such as this one? \_\_\_\_\_

---

---

---

## Committee Applicant Disclaimer

I certify that the information provided in this application is true and correct to the best of my knowledge. I authorize and consent to background checks and to the investigation and verification of all information contained herein. I further authorize all persons having information concerning my qualifications to release information to Matthews Police Department representatives and release such persons from all liability for any damages connected with the release of such information. I also release and discharge the Town of Matthews from any claims and damages, losses, liabilities, costs, expenses or any other charges or complaints arising out of the Town's use of any information provided pursuant to this release. I understand and agree that any misstatement will be cause for my removal from this committee. By submitting this application, I agree to adhere to all town policies pertaining to boards and commissions, including attendance. I understand that affixing my name in this form is deemed an electronic signature that has the effect of a written signature and will be presumed a valid signature, absent notification otherwise. I hereby acknowledge that this application and information provided herein may constitute a public record, and as such, may be released in accordance with all applicable public record laws.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Please make sure that your completed application has also been signed and dated. You may then submit it by one of the two options below:

Scan & Email to Officer Tim Aycock at [taycock@matthewsnc.gov](mailto:taycock@matthewsnc.gov)

OR

Mail it to: Matthews Police Department  
c/o Officer Tim Aycock  
1201 Crews Rd.  
Matthews, N.C. 28105